Waukesha County Department of Parks and Land Use

Division of Environmental Health 1320 Pewaukee Road, Room 260, Waukesha, WI 53188 Telephone: 262-896-8300 Fax: 262-896-8298 www.waukeshacounty.gov/humane

VETERINARIAN RABIES OBSERVATION

DATE OF BITE:				
OWNER'S NAME		D.O.B		
ADDRESS:				
CITY:	STATE:	ZIP:		
HOME TELEPHONE:	WORK TELEPHONE:			
DATE OF RABIES SHOT:	TAG#	EXP. DATE_		
DESCRIPTION/BREED OF ANIMA	L:			
NAME OF ANIMAL:	COLOR (S):		
PERSON BITTEN:		D.O.B		
PARENT/GUARDIAN:		D.O.B		
ADDRESS:				
CITY:			:	
HOME TELEPHONE:	WORK TELEPHO	NE:		
AND THE VETERINARIAN CER' THE ANIMAL MAY BE RELEAS NOTE: ANIMALS QUARANTINEI PROGRAM ARE REQUIRED TO B ASSOCIATION AT THE END OF THE VETERINARIAN CERTIFIES THE COLDITY HUMANE OFFICER	ED. D AND OBSERVED UNDER T E EXAMINED BY MEMBER OF THE QUARANTINE PERIOD A THE ANIMAL HAS NOT EXE	HE COUNTY'S LOCA OF THE WAUKESHA IND THEN RELEASE IIBITED ANY SIGNS	AL RABIES CON VETERINARY M D FROM QUARA OF RABIES BAS	TROL MEDICAL ANTINE IF
THE COUNTY HUMANE OFFICER				
I,(Veterinarian signature) SIGNS OF RABIES. Observati	CERTIFY THAT THIS on Date(s)(1)		(3)	
NAME OF CLINIC:	()	()	· · · · · · · · · · · · · · · · · · ·	
ADDRESS:	TE	LEPHONE:		_
THIS CERTIFICATE RELEASING WAUKESHA COUNTY DEPART				ha, WI 53188.
NOTE: Dogs over 4 months of age the veterinarian after release from quarant		accination must be vac	cinated for rabies l	by a licensed
Date of Vaccination:	Rabies Ta	g Number:		